

Oregon CUSD #220 Employee Accident Reporting FAQs

(Also Known As: "So you have to file an incident report")

When do I report an employee's injury?

- You, as a supervisor, *must* complete an accident report for any employee injured during work OR on the school district's property.
- Even if an employee tells you that they don't want to file a report, you must still complete the report and file it with the District Office.
 - If the employee does not want to file a report, please make note of this somewhere on the report or on a separate piece of paper attached to the report.

What do I do if I don't believe an employee's "injury" is real, but they ask to file a report?

- You, as a supervisor, must still complete an incident report if an employee claims to be injured at work or on the school district's property.
- If you believe the claim to be false, please include a cover letter with the report when you file it with the district office explaining *why* you believe the report to be false in as much detail as is appropriate.

How long do I have between the incident and the report?

- While there is technically no time limit to report an incident, we encourage that you report all incidents as soon as you are able after they happen.
 - *Standard practice should be to report all incidents within 1 business day of the incident.*

Who do I contact if I have questions about whether I should report an incident or how to complete the accident report?

- You can contact Marissa Foss, Administrative Assistant of Human Resources & Payroll with questions regarding accident reports
 - Phone: (815)732-5300 x4003
 - Email: mfoss@ocusd.net

How do I file an accident report?

- You will complete all pages of the accident report packet and submit them to the District Office.
 - *ALL highlighted portions of the report must be completed before submission.*
- You will give the cover page of the accident report packet to the injured employee for their records.

Do I really have to complete all of the pages of the accident report packet?

- In short, yes, you should complete all the pages of the accident report packet.
- The longer answer is "sometimes." See the below bullet points for whether or not you need to complete each page of the accident report packet.
 - *Page 1 - Illinois Form 45: Employer's First Report of Injury*
 - This form must ALWAYS be completed in its entirety **by the supervisor or nursing staff completing the report.**
 - *Page 2 - Authority for Treatment*
 - This page should be completed **by the supervisor and a copy given to the employee.** This authorizes the doctor to bill worker's compensation for the injury if the employee seeks medical treatment.
 - *Page 3 - Supervisor's Report of Accident*
 - This form should be filled out to the best of your ability. It is expected that you may not know every piece of information, but the more information that you can provide, the better!
 - *Page 4 - Reference Information*
 - This form should be filled out to the best of your ability. It is expected that you may not know every piece of information, but the more information that you can provide, the better!
 - *Page 5 - Authorization*
 - If the injured employee may *at any point* seek medical treatment for their injury, this page must be completed **by the injured employee.**

What happens after I file an accident report?

- You may be contacted by Marissa Foss or a worker's compensation adjuster for additional information regarding the incident.

Oregon CUSD #220 Employee Accident Report Process

(Also Known As: "So you filed an accident report")

You are receiving this cover page because an accident report has been filed either by you or on your behalf by your supervisor. This page is intended to give you information regarding the accident report process now that a report has been filed for a workplace injury.

Why did my supervisor file an accident report if I said I didn't want them to?

It is standard practice at OCUSD #220 that all workplace accidents are reported to the district office and filed with worker's compensation. This ensures that all employees are given equal opportunity to file a worker's compensation claim if they feel they may be entitled to worker's compensation benefits.

What happens now that my accident report is filed?

- Now that your accident report has been completed with your supervisor or a member of the OCUSD nursing staff, it will be filed with the District Office.
- The District Office will submit your accident report to Comprehensive Risk Services (OCUSD's 3rd party worker's compensation organization).
- Comprehensive Risk Services may reach out to the District Office for additional information if necessary.
- A Comprehensive Risk Services claim adjuster will reach out to you as soon as they are able after the incident *(Please note, this may take a handful of days.)*
 - You can expect to receive a call from one of the following claim adjuster's at Comprehensive Risk Services ***(Please do not contact them directly until you have been assigned an adjuster!)***
 - Julie Traskos: (248)306-8290
 - Collette Porter: (248)567-2086
 - Carol Walborn: (248)916-9778
 - ***Please answer the phone for any of the above phone numbers, even if you do not intend to file a worker's compensation claim.***
 - If you do not intend to file a claim, you can let them know when you answer the call. However, avoiding their call will only lead to them continuing to pester you with calls!
- If you choose to file a worker's compensation claim, you will continue working with Comprehensive Risk Services to complete the claim. If you choose not to file a claim, your case will be closed with Comprehensive Risk Services and with the District Office and the accident report will be held on file in the District Office for 7 years.

Do I have to file a worker's compensation claim?

No, you are not required to file a worker's compensation claim after a workplace accident, but you do have the right to do so if you would like. The OCUSD #220 District Office files all accident reports with worker's compensation in case you decide to file a claim at a later date for this incident.

What do I do if I want to file a worker's compensation claim?

The first step to filing a worker's compensation claim is to have your supervisor file an accident report with the district office (congratulations! If you have received this page, you have already completed this step!). After your accident report is filed, you can expect to hear from the 3rd party worker's compensation organization regarding your accident report (see above). When they reach out to you, you will let them know that you would like to proceed with filing a claim. ***Please note: filing a claim does NOT immediately entitle you to worker's compensation benefits. You will work with the worker's compensation organization at each step of the claim process.***

ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY

Please type or print.

Employer's FEIN 36-2656248	Date of report	Case or File #	Is this a lost workday case? Yes No
Employer's name Oregon CUSD #220	Doing business as School District		
Employer's mailing address 206 S. 10th St., Oregon, IL 61061	Employer's email address mfoss@ocusd.net		
Nature of business or service School District	SIC code		
Name of workers' compensation carrier/admin.	Policy/Contract #	Self-insured? ☒ Yes No	
Employee's full name	Employee Phone #: Employee SSN:	Birthdate	
Employee's mailing address	Employee's e-mail address		
Gender Male Female	Marital status Married Single	# Dependents	Employee's average weekly wage
Job title or occupation	Date hired		
Time employee began work	Date and time of accident	Last day employee worked	
If the employee died as a result of the accident, give the date of death.	Did the accident occur on the employer's premises? Yes No		
Address of accident			
What was the employee doing when the accident occurred?			
How did the accident occur?			
What was the injury or illness? List the part of body affected and explain how it was affected.			
What object or substance, if any, directly harmed the employee?			
Name and address of physician/health care professional			
If treatment was given away from the worksite, list the name and address of the place it was given.			
Was the employee treated in an emergency room? Yes No	Was the employee hospitalized overnight as an inpatient? Yes No		
Report prepared by	Signature	Title and telephone #	Email address

Please send this form to: ILLINOIS WORKERS' COMPENSATION COMMISSION 4500 S. SIXTH ST. FRONTAGE RD SPRINGFIELD, IL 62703
By law, employers must keep accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Workers' Compensation Act and is not incriminatory in any way. This information is confidential. IC45 8/12



Authority for Treatment

TO: Doctor _____ Date: _____

Patient Name: _____ Date of Birth: _____

Employer: _____ Street Address: _____

Date of Injury: _____ Nature of Injury: _____

Instructions/comments: _____

Authorized By: _____

Title: _____

Phone: (____) _____

Date: _____

Billing :

Comprehensive Risk Services
c/o Review Works
21500 Haggerty Road, Suite 250
Northville, MI 48167

DOCTOR: PLEASE SEND EMPLOYEE WITH WRITTEN DISABILITY STATUS AS IT RELATES TO THE ALLEGED WORK INJURY. PLEASE INCLUDE THE DIAGNOSIS AND WHETHER THE EMPLOYEE IS ABLE TO RETURN TO FULL DUTY OR RESTRICTED DUTY WORK. PLEASE DOCUMENT ALL MEDICAL RESTRICTIONS.



Supervisor's Report of Accident

Company Name _____ Employee Involved _____

Occupation _____ Length of time on job where accident occurred _____

Date of Accident _____ Time of Accident _____ Shift _____

Department where accident occurred _____ Employee's Regular Dept. _____

Machine # or equipment employee was working with: _____

If an injury occurred, was it treated? ☐ Onsite ☐ EMS ☐ Clinic ☐ Hospital ☐ Other ☐ No Treatment

If other, describe: _____

Following treatment the injured employee returned to work:

☐ Same Day ☐ Next Shift ☐ Lost Time as ☐ Full Duty ☐ Modified Work

Completely describe accident (who, what, when, where, why):

Body part(s) injured: _____

Nature of Injury: _____

Accident Type: _____



(Circle body part injured)

Analyze and describe the underlying causes of the accident considering policies, procedures, equipment, training and supervision practices: _____

Analyze and describe the preventative measures recommended to address the underlying causes of the accident: _____

Person or position responsible for implementing the above: _____

Action(s) taken to prevent re-occurrence of the above incident: _____

Date: _____ By: _____

Reference Information

- Policy:** What your company has determined to be standard practice.
Example: Eye protection will be worn when necessary.
- Procedure:** Who is responsible for, and how, the policies are to be carried out.
Example: The supervisor will see that safety glasses are worn when necessary.
- Supervision:** What and how the supervisor's responsibilities are for enforcing the policies and procedures.
Example:
1. Determine if the task requires eye protection, and
2. If it does, assign safety glasses to each employee, and
3. Check to see if everyone wears the glasses as instructed, and
4. Continues to follow the safety policy.
- Equipment:** Could also include tools, personal protective equipment, the work area, the product and containers.
Example: Safety glasses are properly fitting and in good condition.

Body Part – Examples

Upper back	Lower back	Head	Ear	Eye	Face
Finger/Thumb	Hand	Wrist	Arm	Shoulder	Other (describe)
Foot	Knee	Leg	Groin/Pelvic	Internal Organ	

Nature of Injury – Examples

Strain/ Sprain	Cut/ Laceration	Puncture	Bruise/ Contusion	Inflammation	Fracture
Repetitive Motion	Dermatitis/ Rash	Eye Struck by	Burn	Shock	Crush
Amputation	Hernia	Crush	Other (describe)		

Accident Type – Examples

Assembly Operations	Lifting/Lowering	Pushing/Pulling	Manual Material Handling	Operating Machine	Adjusting Machine
Repetitive Work	Vehicle Related	Office Work	Using Hand Tools	Slip/Fall	Grinding
Cooking	Welding	Agriculture	Other (describe)		

Miscellaneous Comments:



AUTHORIZATION

I, _____, hereby authorize and direct any physician, surgeon (his/her designee), hospital or other medical facility (including treatment centers and clinics), or its director, designee or medical record department, to release information contained in my patient records and to disclose any such information to Comprehensive Risk Services, LLC and/or any of its vendors, representatives, or designees. This specifically includes, but is not limited to, alcohol and drug abuse records protected under the regulations provided in 42 Code of Federal Regulations, Part 2, if any, psychiatric or psychological services records, if any, and social work records, if any, including communications made by me to a social worker, psychiatrist, psychologist or any other professional associated with a doctor or medical facility (including treatment centers and clinics) which has examined or treated me.

The authorization of release of my patient records also includes releasing information regarding communicable diseases and serious communicable diseases and infections which can include venereal disease, tuberculosis, HIV, AIDS or ARC.

THIS IS NOT A RELEASE OF CLAIMS FOR DAMAGES

Signature_____

Date_____