

**Greater Albany SD 8J**  
**Administrative Regulation**

Code: **GBE-AR(2)**  
Adopted: 1/79, 6/80, 10/84  
Revised: 3/12/01, 8/13/07  
Orig. Code(s): AR 7610 E-1, AR  
7610-C, AR 7610-E

**Procedure for Reporting Employee Injuries and Acquiring Insurance Forms**

The district policy in dealing with accidents or injuries for all employees is as follows:

1. Establish a line of communication by employees and their supervisors. (Be sure each employee clearly understands the steps to follow should an on-the-job injury occur);
2. Get immediate medical treatment from the school nurse or the principal's office;
3. Keep a record of the injuries handled by the nurse or any immediate medical treatment. Keep complete and accurate records for future reference, should the employee later decide to seek medical treatment. A SAIF Form 436-801 is needed to be completed for all injuries, those requiring first aid, physician treatment or hospitalization;
4. When an employee is injured and require the service of a physician, he/she must complete a SAIF Form 436-801 within 24 hours of injury and the building principal shall complete the form and forward it to the district office within 48 hours of the injury.

OSHA regulations require that the district maintain a record of recordable occupational injuries and illnesses of their employees. Such records must consist of:

1. A log of occupational injuries and illnesses;
2. A supplementary record of each occupational injury and illness. (SAIF Form 436-801)

A summary of occupational injuries and illnesses must be posted at the end of each calendar year. (No later than February 1)

**Greater Albany Public School District 8J**

Work Accident/Incident Procedures

*Administrators/Office Managers Responsibilities*

Complete “Supervisor’s Accident Report”, on all incidents and accidents.

Complete items #35-41 on “Preliminary Accident Report of Employee Injury” form.

Complete lower half of “801” if worker seeks medical treatment.

*Advise worker to return “Return to Work Status” form to you within 24 hours of medical treatment.*

Administrator/Office manager sends completed Preliminary Accident report form, Supervisor’s Accident report, 801 and RTW form to Risk Management/Carol Swank @ DO within 24 hours of injury.

OSHA Division requires that employers inform OSHA of all fatalities or catastrophes within 8 hours; accidents or injuries resulting in a hospital admission with medical treatment other than first aid, within 24 hours after the employer receives notification.

**Greater Albany Public School District 8J**

Employee: \_\_\_\_\_ SS#: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_

Work Accident/Incident Procedures

***Employee Responsibilities***

- \_\_\_\_\_ 1. Complete “Preliminary Accident Report of Employee Injury” form, on all injuries and give to your administrator/office manager to complete lower half.
- \_\_\_\_\_ 2. Give “Supervisor’s Accident Report” form to your administrator/office manager to complete.
- \_\_\_\_\_ 3. Complete top portion of “801” if you seek medical treatment. Give to your administrator/office manager to complete lower half.
- \_\_\_\_\_ 4. Take “Return to Work Status” form to your physician, each time you go to the doctor and return it to your administrator/office manager within 24 hours of medical treatment.
- \_\_\_\_\_ 5. Give completed Preliminary Accident Report, 801 and Return to Work Status forms to your administrator/office manager.

Employee must initial each item to indicate that the appropriate forms have been completed.

\_\_\_\_\_  
Employee Date

### Accident Report Form

Complete this form for each accident which requires more than immediate and temporary first aid. Send one copy to the district office.

School \_\_\_\_\_  
Student \_\_\_\_\_ Year in School \_\_\_\_\_  
Parent's or Guardians<sup>1</sup> Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Nature of injury and how it occurred \_\_\_\_\_  
\_\_\_\_\_

Action Taken \_\_\_\_\_  
\_\_\_\_\_

Sport \_\_\_\_\_ Doctor \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Day \_\_\_\_\_ Place of Injury \_\_\_\_\_

When reported and to whom \_\_\_\_\_

Teacher/Aid on Duty \_\_\_\_\_

Witness \_\_\_\_\_

Insurance Coverage: School Student Insurance \_\_\_\_\_

Other Insurance Coverage \_\_\_\_\_  
\_\_\_\_\_

Date sent to doctor \_\_\_\_\_ Date sent to hospital \_\_\_\_\_

Additional Information or Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Person on Duty/Student)

\_\_\_\_\_  
(Nurse/Principal)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

White: Business Office

Yellow: Nurse

Pink: School Retains

<sup>1</sup>As used in this document, the term parent includes legal guardian or person in a parental relationship. The status and duties of a legal guardian are defined in ORS 125.005 (4) and 125.300 - 125.325. The determination of whether an individual is acting in a parental relationship, for purposes of determining residency, depends on the evaluation of the factors listed in ORS 419B.373. The determination for other purposes depends on evaluation of those factors and a power of attorney executed pursuant to ORS 109.056. For special education students, parent also includes a surrogate parent, an adult student whom rights have transferred and foster parent as defined in OAR 581-015-0005(18).

**Accident Report Form**

Date \_\_\_\_\_

	Name:	Age:
	Address:	
	Occupation:	Phone:
	What was injured doing when hurt?	
Time & Place	Time of Accident:	
	Location: <span style="float: right;">(indicate in red on back)</span>	
The Injury	Nature & Extent of Injury:	
	Where was injured taken or sent after accident:	
Witnesses	Name	Address
	1)	Phone:
	2)	Phone:
Description of the Accident	Description:	
	First Aid Given:	

\_\_\_\_\_  
(Signature of First Aider)

\_\_\_\_\_  
(Signature of Injured)