



School Employees Loss Fund Workers Compensation Program

REPORTING CLAIMS - "First Report of Injury" Instructions

(Report all Incidents to YORK Risk Services)

1) WEB Reporting, First Report of Injury:

- a) Before the Incident can be reported through the WEB each District MUST obtain a YORK iCow user ID and Password and MUST sign the user agreement
- b) Don't have a YORK iCow ID or have lost it ? please contact Nikki Edwards at 630-694-5437 or nikki_edwards@ajg.com

2) WEB First Report of Injury Reporting using iCow; navigate to www.SELFPool.org :

- a) From the SELF Home page click REPORT A CLAIM box
- b) Enter iCow Login ID and Password
- c) From the YORK iCow claim reporting system complete and submit the requested claim information
- d) A Confirmation email will be sent to the District once YORK receives the first report

3) Alternate First Report of Injury; navigate to www.SELFPool.org :

- a) From the SELF Home page click "Member" enter password - september
- b) Click Accident Investigation Forms
- c) Click Illinois Form 45 First Report of Injury – Complete this form and save it
- d) Email completed Illinois Form 45 to FROI@yorkrsg.com
- e) A confirmation email will be sent to the District once YORK receives the first report

4) Accident Investigation; navigate to www.SELFPool.org :

- a) From the SELF Home page click "Member" enter password – september
- b) Click Accident Investigation Forms
- c) Complete all necessary forms and save the completed form
- d) Email all completed forms to osctest@yorkrsg.com

Questions can be directed to the SELF Pool Administrator Arthur J. Gallagher & Co., Inc.

Nikki Edwards; 630-694-5437; nikki_edwards@ajg.com

Mandatory Administrative Procedure

Accident/Incident Investigation

No set of instructions can be all-encompassing. Employees are encouraged to use these procedures as a framework for decision making. However, there is no set of instructions that is better than good judgement applied at the scene of an event

1. Whenever there is an event, injury or incident that could result in any type of injury and/or a claim against the District; the Principal, or if the Principal is absent, another Administrator who will act as the Principal's Designee, must be notified immediately. Even if the event did not produce a visible and observable injury, an Accident report and a Supervisor's Investigation Report must be completed and the building Nurse must be contacted without delay.
 - a. The Nurse will provide first aid as needed and will determine if an ambulance should be called. In the absence of a Nurse, anyone who reasonably believes an ambulance is needed, including the injured party, may immediately call 911 for an ambulance.
 - b. Principals will ensure that all employees know the location of the AED devices in each building. The AED must be brought to the injured party and used if the employee is not breathing or does not seem to have a heartbeat. The AED is automatic, it cannot shock the injured party unless a shock is required.
 - c. Once the injured party has been treated or transported, the building Nurse will complete the Form 45, Employer's First Report of Injury. This form is required by law. This form is available in a pdf format that can be completed on a computer. It will be emailed to all Nurses and Principals. Upon completion, save the form on your network

drive. The completed form must immediately be emailed to the Business Manager and the Business Manager Secretary. The sender should request a "read receipt" from the recipients. If the read receipt is not received within 20 minutes, the sender will contact the Business Office or the Superintendent's Office by phone to request immediate follow-up on the Form 45 email.

- d. The Business Office will then complete the filing of the Form by sending it to our Insurance Provider. Completing the form on-line satisfies the District's legal obligation to timely report all injuries.
 - e. If the injured party is unavailable, i.e. at the hospital, the Business Office and the Superintendent's Office should be notified. The Principal will complete the Form 45 at the place of treatment.
 - f. If the injured party refuses medical treatment, they will be asked to sign a statement that says they are refusing medical treatment. The Nurse and the Principal will consult with the Business Manager or the Superintendent to determine whether or not the person should be allowed to return to their duties.
 - i. If the injured party is a Custodial Employee, the Director of Building and Grounds will be notified to meet with the employee to assist in the Supervisors Investigation Report.
 - ii. The District may require a medical clearance from the employee before allowing them to return to duty.
2. Upon being notified of an injury, the Principal will immediately go to the place of the event. If there is any continuing danger, he or she will take all necessary steps to keep themselves and all others away from the hazard. When it is safe to do so, the Principal should examine the area and take appropriate photographs of the conditions that exist and of any injuries that the person reports. These photographs will be emailed to the Business Manager as soon as possible. The Principal will then complete the

Supervisor's Investigation Report. Care should be taken to report the facts without commentary. The Supervisor's report should then be sent to the Business Manager and the Business Manager Secretary via email with Return Receipt Requested.

3. The Principal or other Administrative designee will take a witness statement from anyone who witnessed the event. Whenever possible, witness statements should be taken in separate rooms.
4. If the injury occurs when the building is not occupied by a Nurse, Principal or Principal's Designee, the employee should complete the Employee's Report of Injury Form. The employee must call or text their supervisor as soon as possible. Any employee should seek medical attention for any injury. The District has arranged to work with Ingalls Hospital Emergency Room to treat any injured person.
5. The injured employee is required to complete the Employee's Report of Injury as soon as possible after the incident.
 - a. This report must also be sent to the Business Manager.
 - b. In the event that the Business Manager is unavailable, the report will be forwarded to the Superintendent.

These actions are mandatory for all employees.

Failure to comply with these procedures may result in disciplinary action up to and including termination.

ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY

Please type or print.

Employer's FEIN	Date of report	Case or File #	Is this a lost workday case? Yes / No
Employer's name	Doing business as		
Employer's mailing address			
Nature of business or service		SIC code	
Name of workers' compensation carrier/admin.	Policy/Contract #	Self-insured? Yes / No	
Employee's full name	Social Security #	Birthdate	
Employee's mailing address		Employee's e-mail address	
Male / Female	Married / Single	# Dependents	Employee's average weekly wage
Job title or occupation		Date hired	
Time employee began work AM PM	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 #	

Please send this form to the ILLINOIS INDUSTRIAL COMMISSION 701 S. SECOND STREET SPRINGFIELD, IL 62704. IC45 9/03
 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 sense. This information is confidential.



SCHOOL EMPLOYEES LOSS FUND (SELF)



Supervisor's Investigation Report

The unsafe acts of persons and the unsafe conditions that cause accidents can be corrected only when they are known specifically. It is your responsibility to find and name them and to suggest the remedy in this report.

District Name and Number:		School or building name:	
Location of accident: <i>(stairs, hall, office, outside, etc.)</i>		Date and hour of accident:	
Name of injured person:	Injured employee's department:	Injured employee's job or position:	
Describe the injury:			
Describe the accident <i>(State what the injured employee was doing and the circumstances leading to the accident.)</i>			
Unsafe condition <i>(Describe as oily floor, poor light, lack of guards on belts and gears, broken steps, etc.)</i>			
Unsafe act--Unsafe work procedure <i>(Describe using known facts, or a specific items contributing to the accident, etc.)</i>			
Suggested Improvement <i>(As a supervisor, what do you propose that might prevent a repeat accident.)</i>			
Supervisor	Reviewed and approved by	Date report prepared	
(attached any additional information or pictures)			



SCHOOL EMPLOYEES LOSS FUND (SELF)



Supervisor's Investigation Report (cont'd)

Each accident regardless of whether it results in a personal injury, property damage, or a near miss should be investigated to determine the actual cause and to take proper action to prevent recurrence.

The accident should be investigated by the supervisor of the injured employee. The investigation should be conducted as soon as possible to get the most accurate information. **Your purpose is to obtain facts and prevent recurrence – not place blame.**

Steps to Follow

1. If available, obtain notice of event. (IL Form 45)
2. Go to the scene immediately.
3. Find out what happened, obtain witness names.
4. Determine accident CAUSES.
5. Develop and implement corrective action to prevent repeat accident.
6. Complete all sections of the form.
7. Report to management.
8. Send completed forms to the SELF claims administrators, Sedgwick at fax 614-601-9515

This Guide is to stimulate questioning in determining the DIRECT and INDIRECT accident causes.

Questions To Ask	If The Causes Appear To Be	
	Conditions	Actions
WHY	<ul style="list-style-type: none"> - did it exist? - had no one noticed and corrected it? 	<ul style="list-style-type: none"> - was it being done? - was it being done this way? - was it (job or detail) necessary?
WHAT	<ul style="list-style-type: none"> - caused it to exist? - caused it to be involved? 	<ul style="list-style-type: none"> - was its purpose? - other way could it be done? - details could be eliminated? - instructions were not followed?
WHERE	<ul style="list-style-type: none"> - was it? - was its source? - else does it exist? - can I find out? 	<ul style="list-style-type: none"> - should it be done? - else is it being done?
WHEN	<ul style="list-style-type: none"> - did it occur? - do similar conditions occur? 	<ul style="list-style-type: none"> - should it be done?
WHO	<ul style="list-style-type: none"> - was responsible for it? - can give me answers? - should take corrective action? 	<ul style="list-style-type: none"> - is best qualified to do it? - can give me answers? - can show me what was being done?
HOW	<ul style="list-style-type: none"> - should it be corrected? - can it be avoided in the future? 	<ul style="list-style-type: none"> - is the best way to do it? - can it (job or detail) be improved?



SCHOOL EMPLOYEES LOSS FUND (SELF)



Witness Statement

District Name and Number: _____ Claim #: _____

Date of accident: _____ About what time? _____

Where did it happen? _____

Did you see it? _____ If not, how soon after did you arrive? _____

Where were you when accident occurred? _____

Was weather a factor? _____ If yes, describe conditions: _____

Condition of accident area _____

What precautions had been taken? _____

Did any defects contribute to the accident? _____

If yes, name and describe _____

Did the injured party(s) actions contribute to the accident? _____ If yes, how? _____

Name of injured _____

Give name and address of other witnesses _____

Describe how accident occurred? _____

Did you hear anyone admit fault? _____ Who? _____

In your opinion, who was to blame? _____

Why? _____

Are you a personal friend or relative of the injured party? _____ If yes, state relationship: _____

Date: _____

Name: _____ Signature: _____

Home Address: _____ Phone: _____

Business Address: _____ Phone: _____



SCHOOL EMPLOYEES LOSS FUND (SELF)



Employee's Report of Injury

Information About You

District Name & # _____
Employee Name: _____
Address: _____
Phone #: _____
Marital Status: S M D W Sex: M F
Children under 18 (sex and age): _____
Height: _____ Weight: _____ Average Weekly Wage: _____
Length of Employment: _____ Days & Hours Worked: _____
Other Employment: _____

Information About the Accident

Date of Accident: _____ Time: _____
Place of Accident: _____

What were you doing before the accident? _____

What happened? _____

Witnesses Name , if any: _____

Who did you report the injury to? _____

What date did you report it? _____



SCHOOL EMPLOYEES LOSS FUND (SELF)



Information About the Injury

What part of your body was injured? _____

Any other part or parts injured? _____

What kind of injury (strain, cut, broken bone)? _____

Exact location of pain(s): _____

Information About the Treatment

What doctor is treating you (name, address, phone #)? _____

Who is your family doctor? _____

What clinic is treating you? _____

What hospital is treating you? _____

What treatment are you getting (medication, physical therapy, rest, etc.)? _____

Has the doctor told you to be off work? _____

General Information

Have you ever injured the same part of your body before? _____

Explain: _____

Have you ever injured any other part of your body before? _____

Explain: _____

Do you have any serious illness (Diabetes, High Blood Pressure, etc.)? _____

Explain: _____

Have you understood the questions you have answered? _____

Signed: _____

Date: _____

Return this form to your Supervisor