

Idaho Department of Correction 	<b>Standard          Operating          Procedure</b>  <b>Human          Resource          Services</b>	<b>Control Number:</b> 206.07.01.005	<b>Version:</b> 1.4	<b>Page Number:</b> 1 of 8
		<b>Title:</b> Workers' Compensation		<b>Adopted:</b> 3-16-2010  <b>Reviewed:</b> 9-28-2010  <b>Next Review:</b> 9-28-2012

This document was approved by Terri Tomisser, director of Human Resource Services, on 9/28/10 (signature on file).

#### BOARD OF CORRECTION IDAPA RULE NUMBER

[None](#)

#### POLICY STATEMENT NUMBER 206

[Attendance, Work Hours, Leaves, and Workers' Compensation](#)

#### POLICY DOCUMENT NUMBER 206

[Attendance, Work Hours, Leaves, and Workers' Compensation](#)

#### DEFINITIONS

[Standardized Definitions List](#)

**Compensatory Time (Comp-time):** Overtime that is unpaid and become hours that accumulate in an earned leave balance for the employee to take time off work with pay at a later date.

**Hours Worked:** Hours actually spent in the performance of the employee's job, excluding holidays, vacation, sick leave or other approved leaves of absence, and excluding on-call time.

**Manager:** An employee appointed to manage, direct, and control a designated work unit. Managers include division chiefs, deputy division chiefs, facility heads, deputy wardens (or second-in-commands), district managers, designated lieutenants, program managers, or any appointed unit manager.

**Overtime:** Hours worked on holidays, and hours worked in excess of 40 hours in a set work week. For law enforcement (L) coded positions (e.g., correctional and probation and parole officers), overtime is hours worked in excess of 160 hours in a 28 consecutive day period. Excluded are hours such as traded time and occasional or sporadic work that is specifically excluded under federal law.

**Work Week:** A period of seven (7) consecutive days beginning 12:01 a.m. Sunday and ending 12:00 p.m. Saturday.

#### PURPOSE

The purpose of this standard operating procedure (SOP) is to establish Idaho Department of Correction (IDOC) guidelines and procedures to ensure eligible employees are afforded

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every benefit provided to them for injuries and disabilities incurred in the course of employment.

## SCOPE

This SOP applies to all IDOC employees but gives specific guidance to supervisors, managers, or designees in reporting, processing, and otherwise resolving workers' compensation claims.

## RESPONSIBILITY

### ***Director of Human Resource Services (HRS)***

The director of HRS is responsible for providing guidance and interpretation to fulfill the expectations of this SOP.

### ***Managers***

Managers (or designees) are responsible for:

- Determining safe work procedures;
- Ensuring safe working conditions; and
- Ensuring that employees are adhering to the rules, guidance, and procedures provided herein **and** in SOP [224.07.01.001](#), *Safety and Accident Prevention* (in terms of reporting, processing, and follow-up needed when an employee is injured while working).

### ***Supervisors***

Supervisors (or designees) are responsible for ensuring employees are adhering to the rules, guidance, and procedures provided herein **and** in SOP [224.07.01.001](#), *Safety and Accident Prevention*, to include collaborating with the HRS to ensure a safe workplace and timely handling and reporting of injuries.

### ***Employees***

Employees are responsible for adhering to the rules, guidance, and procedures provided herein to include:

- Adhering to safety and security standards;
- Timely reporting of injuries to their supervisors (or designees); and
- Working with supervisors (or designees) and HRS to provide required medical documentation used to resolve their workers' compensation matter.

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## GENERAL REQUIREMENTS

### 1. Introduction

When an accident occurs in the workplace and results in an injury, managers (or designees) will take immediate action to care for the employee, investigate what occurred, and work with HRS to notify the Idaho State Insurance Fund (SIF) and, wherever possible, facilitate the employee's return to work.

For non-injury accidents, managers (or designees) will adhere to SOP [224.07.01.001](#), *Safety and Accident Prevention*.

### 2. Prompt Care for an Injured Employee

When an accident occurs, the employee and his supervisor (or designee) will make an immediate injury assessment based on available resources and training **and** provide medical attention.

The employee's supervisor (or designee) will also arrange for transportation to a medical facility as necessary.

### 3. Investigation and Reporting the Occurrence

After an accident, the employee's supervisor (or designee) will arrange for an immediate investigation to include documenting details (e.g., the facts, the injured employee and witness names and statements). The supervisor (or designee) will also notify HRS of the accident. Two (2) key reporting components will be the:

#### ***First Report of Injury or Illness (FROI)***

It is recommended that the employee complete an [HR-11](#), *First Report of Injury or Illness*, whenever possible. If the employee is unable to complete the FROI a supervisor (or designee) will assist. The supervisor (or designee) may also assist for the sake of timely reporting. However, in no case will a medical provider complete the FROI.

Once completed, the FROI must be sent to HRS in accordance with [section 8](#). HRS will evaluate the FROI to ensure that it has been completed accurately **and** submit it to the SIF in accordance with [section 8](#).

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**Note:** The SIF will determine the legitimacy or coverage of the claim. In no case will the IDOC make a determination of coverage or denial.

### ***Supervisor's Accident Report (SAR)***

The assigned supervisor, manager, or designee will immediately and fully complete an [HR-12, Supervisor's Accident Report](#), to support the FROI. The supervisor, manager, or designee will be responsible for (1) analyzing the incident and injuries, and (2) identify what corrective or preventative actions will reduce the likelihood of future incidents.

Once completed, the SAR must be sent to HRS in accordance with [section 8](#). HRS will evaluate the SAR in accordance with [section 8](#).

**Note:** The supervisor, manager, or designee will in no way attempt to make a determination of coverage or validity of injury. Determination of coverage will be determined solely by the SIF.

## **4. Use of Leave in a Workers' Compensation Claim**

When the SIF determines that the employee's injury is eligible for workers' compensation, the employee will decide from the following leave options:

- Leave without pay (LWOP) while receiving workers' compensation; **or**
- The use of accrued leaves (e.g., sick, compensatory time [comp-time], or vacation) to supplement workers' compensation in order to maintain his regular salary; however
  - ◆ No supervisor, manager, or designee will require the employee to accept sick, vacation, or comp-time off for overtime in lieu of workers' compensation; **and,**
  - ◆ The employee cannot (1) waive his rights to workers' compensation or (2) accept earned leave or other benefits in lieu thereof.

**Note:** Employee medical benefits are not paid by the SIF. When the employee takes LWOP, he must make arrangement with HRS to pay his portion of the medical benefit premiums.

## **5. Procedures for Coding I-Time**

**Note:** I-time refers to the state of Idaho's online time entry system.

When entering hours for a workers' compensation incident, I-time must reflect the number of hours normally worked by the employee. The total hours worked will be comprised of:

- The total hours paid by the SIF (also see the table in this section); and
- Any accrued leave (e.g., sick, compensatory time [comp-time], or vacation) the employee is using to maintain his regular salary; and/or
- LWOP.

The correct coding for I-time will depend on several factors (e.g., the employee's available accrued leaves, Family and Medical Leave Act (FMLA) leave eligibility, and the employee's salary). Therefore, it is highly recommended that the employee **or** supervisor (or designee) consult with HRS to ensure the correct coding is used.

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For the first five (5) days that the employee is off from work due to a workers' compensation injury, the SIF will not pay loss of income benefits. Therefore, the employee or supervisor (or designee) must code I-time as sick leave taken (SIC), **and** document in the comments section of I-time "out due to worker's compensation injury" (or words to that effect). If SIC is coded in I-time and the employee does not have enough sick leave hours available, I-time will deduct from another applicable and available leave balance in accordance with SOP [206.07.01.002](#), *Paid Leaves*.

If the SIF determines that the employee's injury is a covered workers' compensation injury, the SIF will pay 67% of the employee's lost wages (tax free) up to a maximum weekly amount of five hundred and seventy-two dollars and forty cents (\$572.40). The following table will assist the employee or supervisor (or designee) in determining how many hours to code for LWOP on the job accident (LWA) **or** family medical, on the job accident, LWOP (FJL).

**Note:** The employee must exhaust all accrued leaves before coding LWA or FJL.

***LWA or FJL Coding Example***

# of Hours and Employee Normally Works in a Day	Formula	Hours Coded as LWA or FJL (What the SIF Pays)
4	4 x .67	2.7
8	8 x .67	5.4
10	10 x .67	6.7
12	12 x .67	8.0

**6. Return to Work Release**

Prior to returning from leave due to a workers' compensation injury, the employee will be required to provide a return to work release to his immediate manager (or designee) in accordance with SOP [206.07.01.002](#), *Paid Leaves*.

***No Restrictions***

If the return to work release indicates that the employee can perform his job with no restrictions, the immediate manager (or designee) may schedule the employee to full duty **and** forward the release to HRS for filing in the employee's medical file.

***Modified Duty or Other Accommodations***

If the return to work release indicates that the employee can perform his job, but restricts **or** limits any activity that keeps the employee from fully performing the essential functions of his position, the immediate manager (or designee) will follow the 'modified duty requests and accommodation' process described in SOP [206.07.01.002](#). Upon receipt, the immediate manager (or designee) will forward the release to HRS for filing in the employee's medical file.

**7. Layoff after 12 Weeks of Disability**

If an employee becomes disabled, whether or not due to a workers' compensation injury, **and** is unable to return to work after 12 weeks **or** when accrued sick leave has been exhausted (whichever is longer), the employee's position may be declared vacant (unless otherwise prohibited by State of Idaho **or** federal law).

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For a period of one (1) year from the date the position was declared vacant, the employee's name can be certified to a reemployment preference register when the Idaho Division of Human Resources (DHR) has been notified by the employee's medical practitioner that the employee is able to return to work.

If the employee is not eligible for protection under the FMLA (see SOP [206.07.01.004](#), *Family and Medical Leave Act [FMLA] Leave*), the employee is entitled to take a maximum of 12 consecutive weeks off from work due to his disability every 12-month period. The 12 consecutive weeks will not be interrupted for either of the following situations:

- When the employee fully returns to work (i.e., he is not approved for modified duty or accommodation) for less than two (2) weeks due to complications resulting from the disability; **or**
- When the employee's return to work is part of a rehabilitation program. (IDAPA 15.04.01, sections 241.01 and 241.02).

## 8. Process Steps

When completing, submitting, and processing the FROI and SAR, the following process steps will be used:

Functional Roles and Responsibilities	Step	Tasks
Employee (or Supervisor)	1	In the event an accident resulting in injury or loss of time occurs, immediately complete an <a href="#">HR-11</a> , <i>First Report of Injury or Illness</i> , and immediately submit to your supervisor (or designee). Also see step 4.
		<b>Note:</b> If the employee is unable to complete the <i>First Report of Injury or Illness</i> (FROI), the supervisor (or designee) will complete the FROI and proceed to step 2. (For instruction on how to complete the FROI, see appendix 1, <i>Guidance Workers' Comp Injury/Illness Reports</i> .)
Supervisor, Manager, or Designee	2	<ul style="list-style-type: none"> <li>• Immediately complete an <a href="#">HR-12</a>, <i>Supervisor's Accident Report</i>, emphasizing the section entitled 'Supervisor Analysis of Accident/incident/injury'. (Include the specific details and corrective action to prevent future incidents.); <b>and</b></li> <li>• Within two (2) working days from the incident, forward the <i>Supervisor's Accident Report</i> (SAR) <b>and</b> FROI to Human Resource Services (HRS).</li> </ul>
		<b>Note:</b> For instruction on how to complete the SAR, see appendix 1, <i>Guidance Workers' Comp Injury/Illness Reports</i> .

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<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b>
<b>HRS</b>	<b>3</b>	<p>Evaluate the forms for accuracy and compliance, log the information in tracking sheet, and if the accident results in:</p> <ul style="list-style-type: none"> <li>• <b>Medical treatment or loss of time</b> – forward the reports to the Idaho State Insurance Fund (SIF) for processing the claim. (The process skips to step 6.)</li> <li>• <b>No medical treatment or loss of time</b> – file the reports in the employee's medical file, and send an email notification to affected parties to notify HRS if treatment should later be required. (Proceed to step 7.)</li> </ul> <p><b>Note:</b> The FROI must be submitted to the SIF as soon as practical but not later than 10 working days after the occurrence or knowledge of an injury or occupational disease.</p>
<b>Employee (or Supervisor)</b>	<b>4</b>	If the employee later requires treatment, notify HRS within two (2) working days of the treatment sought and where treated.
<b>HRS</b>	<b>5</b>	<ul style="list-style-type: none"> <li>• Revise the FROI with medical information,</li> <li>• Notify and forward the FROI to the SIF;</li> <li>• Update tracking log; and</li> <li>• Assist the employee and/or supervisor with leave options and advise on how to correctly code I-time.</li> </ul> <p><b>Note:</b> I-time refers to the state of Idaho's online time entry system.</p>
<b>SIF</b>	<b>6</b>	Assigns a claim number and adjuster. The claim is then processed and copies of the documentation are forwarded to HRS.
<b>HRS</b>	<b>7</b>	<p>Continue to monitor and update the employee's absence and if the employee:</p> <ul style="list-style-type: none"> <li>• <b>Receives a full release</b>--work with the supervisor to facilitate returning the employee to his position. (See <a href="#">section 6</a> of this standard operating procedure [SOP].)</li> <li>• <b>Receives a modified duty request</b>--provide guidance to the employee and supervisor and facilitate the modified duty process. (See <a href="#">section 6</a> of this SOP.)</li> <li>• <b>Is unable to return to work</b>--provide guidance and ensure compliance with Family and Medical Leave Act (FMLA), Americans with Disabilities Act (ADA) (42 USC 12101 et seq.), short term or long-term disability, and/or medical layoff or separation processes.</li> </ul>

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<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b>
<b>SIF</b>	<b>8</b>	At such point when the SIF determines the claim is closed, the SIF will send notification to the employee <b>and</b> HRS with instructions on how to notify the SIF in the event of any future treatment.
<b>HRS</b>	<b>9</b>	Upon receiving notification from the SIF that the claim is closed, close the tracking log, place the documentation in the employee's medical file, and close processing of the file.
		<b>Note:</b> In the event treatment is later required, the process reverts back to step 5 until the claim is concluded.

## REFERENCES

Appendix 1, *Guidance Workers' Comp Injury/Illness Reports*

Code of Federal Regulation, Title 29, Chapter V, Part 825, *The Family and Medical Leave Act of 1993*

[HR-11](#), *First Report of Injury or Illness*

[HR-12](#), *Supervisor's Accident Report*

Idaho Code 72-602, *Employers' Notice of Injury and Reports*

Idaho Code, Title 72, Worker's Compensation and Related Laws—Industrial Commission

IDAPA 15.04.01, *Rules of the Division of Human Resources and Personnel Commission*, Section 241, Workers Compensation and Disability

IDAPA 15.04.01, *Rules of the Division of Human Resources and Personnel Commission*, Section 241.01, Use of Leave in Workers Compensation Claim

IDAPA 15.04.01, *Rules of the Division of Human Resources and Personnel Commission*, Section 241.02, Layoff after Twelve Weeks' Disability

Standard Operating Procedure [206.07.01.002](#), *Paid Leaves*

Standard Operating Procedure [206.07.01.004](#), *Family and Medical Leave Act (FMLA) Leave*

Standard Operating Procedure [224.07.01.001](#), *Safety and Accident Prevention*

State of Idaho, Idaho State Insurance Fund ([www.idahosif.org](http://www.idahosif.org))

United States Code, Title 29, Chapter 28, *Family and Medical Leave*

United States Code, Title 42, Chapter 126, *Equal Opportunity for Individuals with Disabilities*

– End of Document –

**IDAHO DEPARTMENT OF CORRECTION**  
**Guidance Workers' Comp Injury/Illness Reports**

If you have any questions about how the HR-11, *First Report of Injury or Illness (FROI)*, or HR-12, *Supervisor's Accident Report (SAR)*, should be completed, contact the HRS benefits specialist.

***Important Issues about Workers' Comp (WC) Claims***

- We have a deadline (per Idaho Code) to file the WC claim 10 working days after the accident or injury. The Industrial Commission does audit these dates, so it is very important that HRS receives the reports as soon as possible after the date of injury to comply.
- The reports should be completed the day of the injury or as soon as possible after.
- Always complete the reports whether or not the employee seeks medical attention or has any loss of time.
- It is not up to IDOC to determine if an injury will be covered or if it a legitimate WC claim. The Idaho State Insurance Fund (SIF) will make that determination. We cannot deny an employee completing a report.
- It is important to note if the employee has any loss of time.
- Be as detailed as you can on the reports. It is very helpful for the WC claim adjuster to know exactly how the injury occurred, who was involved and if there were any witnesses involved.
- Always complete the medical section. If medical treatment was not required, then mark "No Medical Treatment". Do not just leave it blank.
- If the reports indicate that no medical treatment was required and then, later, it is determined medical treatment is necessary, notify HRS so that the reports can then be sent into the SIF.

***Process Steps for Workers' Comp (WC) Claims***

- Every on-the-job injury requires an FROI and a SAR, whether or not medical treatment is required or loss of time occurs.
- Whenever possible, the employee completes the FROI and the supervisor completes the SAR.
- If the employee is unavailable or unable to complete the FROI, the FROI must be completed by the supervisor or appropriate person identified by the facility.
- The reports need to be sent to HRS via fax, email, mail) as soon as possible preferably within two (2) days of the incident.
- HRS will audit the reports and add any missing information.
- The injury is logged into a tracking sheet.
- If there is a WC claim (medical treatment or loss of time), the reports will be faxed to the SIF.
- The reports will be filed in the employee's medical file.

See the sample FROI that follows on the next page.

Blue text is entered by HRS.

Red text is completed by the employee and/or supervisor.

Each section has been broken out and filled in as an example for you to use. The sections are:

- Employer
- Employee
- Wages
- Accident or Illness
- Medical
- Preparer

### Sample- First Report of Injury or Illness (FROI)-Sample

Every work injury that requires medical services other than first aid treatment must be reported within 10 days after the employer has knowledge of the injury. Filing this form is not an admission of liability. This report shall not be evidence of any fact stated herein in any proceeding in respect of the injury, illness or death on account of which this report is made.

<b>E M P L O Y E R</b>	Employer's name: <b>Idaho Dept of Correction</b>	Employer status
	Address: <b>1299 N Orchard St Suite 110</b>	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Public
	City: <b>Boise</b> State: <b>ID</b> ZIP: <b>83706</b>	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
	Phone #: <b>208-658-2029</b> FAX #: <b>208-327-7402</b>	<input type="checkbox"/> Other
	Employer's location address (if different) <b>North Idaho Correctional Institution (NICI)</b>	Is injured worker a Corporate Officer, Partner, LLC member or Sole Proprietor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Address: <b>236 Radar Rd</b>	If a Sole Proprietorship, is the injured worker a household member? <input type="checkbox"/> Yes <input type="checkbox"/> No
	City: <b>Cottonwood</b> State: <b>ID</b> ZIP: <b>83522</b>	Organization code: <b>5270</b>
Policy number: <b>022280</b>		

The policy number for agency 230 is **022280**.  
 The policy number for agency 231 (CI) is **439450**.  
 The policy number for agency 232 (PC) is **628908**.

The organization code is the employee's pay location.

<b>E M P L O Y E E</b>	Employee's last name: <b>Doe</b>	State where hired: <b>Idaho</b>
	Employee's first name: <b>Jane</b>	Occupation: <b>Corr Officer</b>
	Address: <b>12345 Paradise Loop</b>	Employment status: <b>Current</b>
	City: <b>Cottonwood</b> State: <b>ID</b> ZIP: <b>83522</b>	Sex <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
	Phone #: <b>208-962-0001</b>	Social Security #: <b>123-45-6789</b>
	Date of birth: <b>05/05/75</b>	Date hired: <b>01/01/00</b>
	Under what class code were wages reported? <b>7720</b>	Injury date: <b>01/16/08</b>
	Regular department:	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated

Text in red must be input by employee and supervisor.

Employment status is either **current** or **separated**.

<b>W A G E S</b>	Wage rate \$ <b>12.74</b> per <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other	Hours worked per week: <b>40</b>
	# of days worked per week: <b>5</b> Full pay for the day of injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did salary continue? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If board, lodging or other advantages furnished in addition to wages, give estimated value per week. \$	
	If gratuities (tips, etc.) were received in the course of employment, give estimated value per week. \$	

Enter the employee's hourly wage rate and days worked per week.  
 For example, 5 8-hour days or 4 10-hour days.

Can only indicate a maximum of 40 hours a week.

ACCIDENT OR ILLNESS	Place of accident or exposure (address): <b>236 Radar Rd, Cottonwood</b> City/State: <b>Cottonwood , ID</b>	
	County:	Did injury/illness occur on the employer's premises? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Time injury occurred: <b>0915</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Time employee began work: <b>0700</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	Date last worked: <b>01/16/08</b>	Date employer notified: <b>see note below**</b> Date disability began:
	Date returned to work: <b>01/16/08</b>	If fatal, date of death: Injury type (strain, cut, etc.): <b>Cut</b>
	Part of body affected: <b>Right arm</b>	Body part injured before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Injury reported to (name and phone #) : <b>Sgt. Perfect, 962-3276</b>	
	Equipment, materials, or chemicals employee was using upon occurrence: <b>IF applicable</b>	
	How injury or illness occurred (Describe the sequence of events. Include objects or substances that directly caused the injury) <b>Officer Jane Doe was assisting with moving an inmate down the hall and ran into a metal box attached to the wall, cutting her right arm just below her right shoulder. The cut was approximately 2 inches long and bled profusely.</b>	
	Was accident caused by the failure of a machine or product? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was safety equipment provided? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If the accident was caused by any person or business other than the injured worker, co-worker or the employer, please identify. <b>Fill this in if an inmate caused the injury.</b>	Was it used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Were other workers also injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No List other workers' names:	

Provide as much detail as possible!

\*\*Date employer notified should be the same day as the injury. If employee has missed up to 1 day or more due to the injury, the claim must be submitted even if the employee did not seek medical attention.

MEDICAL	Physician or hospital (name and address)	<input type="checkbox"/> No medical treatment	<input type="checkbox"/> Minor by employer
	<b>Officer Doe was sent to Primary Health for evaluation and stitches. She returned to duty later in the day.</b>	<input checked="" type="checkbox"/> Minor – clinic/hospital	<input type="checkbox"/> Emergency care
		<input type="checkbox"/> Anticipated major med/time loss	<input type="checkbox"/> Hospitalized overnight
Did anyone witness the accident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide name, phone # : <b>CO Rodger Dodger, 962.0000</b>		
Preparer's name and title: <b>Sgt. Will B. Perfect</b>			
Preparer's phone number: <b>962-3276</b>	Date prepared: <b>01/16/08</b>		

This medical section **must** be filled out, even if no medical treatment was given. It needs to be complete.

If this is marked 'no medical treatment' or is left blank. The report will be logged into a spreadsheet in HRS but will not be sent in to the SIF. However, if treatment is received later, please inform HRS so the report can then be faxed to the SIF.

### Supervisor's Accident Report (SAR)

The IDOC also requires an SAR to support the FROI. This helps to validate the fact that the injury or illness is work related. It also indicates that staff are committed to analyzing the incident and better prepare to avoid such injuries in the future.

The FROI can be sent into HRS to be logged, and then sent on to the SIF as soon as it is received. However, it is better to send both reports at the same time. If that is not possible at the time the FROI is submitted, you must still submit the SAR.

See the sample SAR that follows on the next page.

Red text is completed by the employee and/or supervisor.

## Sample- Supervisor's Accident Report (SAR)-Sample

Name of Employee: Jane Doe

Time in Position: 11 years

Date/Time of Injury: 01/16/08 09:15 am

Location: NICI

Job Title: Correctional Officer

Where did injury occur: Hallway outside Medical unit

Will you complete your shift? Yes

Doctor care needed? Yes

When did you notify your supervisor about this injury? Date/Time: 01/16/08 09:25 am

Name of Supervisor contacted: Sgt. Will B. Perfect

Witnesses: CO Rodger Dodger

### Part of Body Injured

- |   |   |
|---|---|
| <input type="checkbox"/> Head                 | <input type="checkbox"/> Upper Back     |
| <input type="checkbox"/> Face                 | <input type="checkbox"/> Lower Back     |
| <input type="checkbox"/> Right Eye            | <input type="checkbox"/> Right Leg      |
| <input type="checkbox"/> Left Eye             | <input type="checkbox"/> Left Leg       |
| <input type="checkbox"/> Neck                 | <input type="checkbox"/> Right Knee     |
| <input type="checkbox"/> Chest                | <input type="checkbox"/> Left Knee      |
| <input checked="" type="checkbox"/> Right Arm | <input type="checkbox"/> Right Ankle    |
| <input type="checkbox"/> Left Arm             | <input type="checkbox"/> Left Ankle     |
| <input type="checkbox"/> Right Hand           | <input type="checkbox"/> Right Foot     |
| <input type="checkbox"/> Left Hand            | <input type="checkbox"/> Left Foot      |
| <input type="checkbox"/> Right Finger(s)      | <input type="checkbox"/> Right Toe(s)   |
| <input type="checkbox"/> Left Finger(s)       | <input type="checkbox"/> Left Toe(s)    |
| <input type="checkbox"/> Right Wrist          | <input type="checkbox"/> Broken Glasses |
| <input type="checkbox"/> Left Wrist           | <input type="checkbox"/> Other          |

### Nature of Injury

- Abrasion
- Laceration
- Puncture
- Bruise
- Fracture
- Sprain/Strain
- Dislocation
- Foreign Body
- Burn
- Skin (irritation)
- Occupational illness
- Loss of consciousness

Was first aid applied? Yes

If yes, by whom: CMS Nurse Nightingale

**Employee description of accident.** Describe the nature of the injury; provide details of what **you** were doing, what materials/objects/machines were involved, if inmates were involved, who:

**I was assisting with moving an inmate down the hall and ran into a metal box attached to the wall, cutting my right arm just below my right shoulder. The cut was approximately 2 inches long and bled profusely. CMS Nurse Nightingale administered first aid and recommended I be taken to a medical facility for stitches that may be required. CO Rodger Dodger drove me to Primary Health, where stitches were done. Both of us returned to complete our duty today.**

**Supervisor analysis of accident/incident/injury.** Be specific in analysis. What corrective action has been suggested/implemented to prevent similar accidents/incidents/injury:

**Officer Doe suggested that the metal box be moved to a different location or that the corners have protective padding. After reviewing the incident and the location of the box, it was determined that the box could be moved to a location that does not interfere with people moving down the hall. The box was moved to the new location the same day.**

Employee signature: C O Jane Doe

Date: 01/16/08

Supervisor signature: Sgt Will B.Perfect

Date: 01/16/08

In this example, the accident is clearly explained by the employee.

In the analysis section, the supervisor documents corrective action that was suggested and implemented to prevent similar injuries. This section is carefully evaluated by the SIF risk management representative to determine what is being done by staff to provide as safe a working place as possible. Failure to offer corrective action reflects adversely on the IDOC.