

SPOKANE COUNTY FIRE DISTRICT 8

Standard Operating Procedures

20.02.02
**REPORTING INJURIES TO
BOARD FOR VOLUNTEER
FIREFIGHTERS**



Adopted: 12/20/16
Reviewed: 11/18/21
Revised: 11/18/21

Approved: 

Purpose: To outline procedures required by the Board for Volunteer Firefighters and Reserve Officers (BVFF) for reporting any accident or injury involving District Volunteer Firefighters, Support Services Volunteers and Resident Volunteer members.

References: RCW 41.24.210; Board for Volunteer Firefighters and Reserve Officers Relief Provisions.

Procedure: Anytime a Volunteer Firefighter, Support Services Volunteer, or Resident Volunteer member is injured in the performance of duty, specific written reports detailing the accident or injury must be submitted to the Board for Volunteer Firefighters (BVFF). If BVFF does not receive a report in writing within 90 days, or if they do not receive a bill within one year, no claims for the incident will be paid.

1. When a Volunteer, Support Services, or Resident Volunteer member is injured in the performance of duty, he/she shall complete a BVFF Accident Report Postcard immediately following the injury, regardless if medical treatment is sought.
 - a) The injured District member shall forward the completed BVFF Accident Report Postcard to the District BVFF Local Board Secretary at Station 82, or to admin@scfd8.org.
 - b) The BVFF Local Board Secretary shall electronically submit the BVFF Accident Report Postcard to BVFF within 90 days of the date of the accident or injury.
 - c) Submitting an Accident Report Postcard to BVFF ensures the claim will be held open for one year from the date of the accident.
 - d) BVFF recommends that an injured member see a physician if he/she experiences symptoms for longer than one month.
2. If medical treatment is sought for an injury, the volunteer member shall:
 - a) Provide the physician or medical provider with a copy of the Physician's Introduction letter which directs the medical provider to send all invoices relating to the accident or injury to Fire District 8.
 - i. Invoices sent to the Volunteer member may delay payment.
 - b) Complete a BVFF Report of Accident form as soon as possible.
 - i. The completed Report of Accident form shall to be forwarded to the District Secretary at Station 82 for processing.
3. Injured volunteer members who experience time loss from work may be eligible for disability compensation.
 - a) Contact the District Secretary for details on how to file a claim.

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A handwritten signature in black ink, appearing to read "Jan J. Paul", is written over a horizontal line.

4. In addition to completing BVFF documents, all District procedures for reporting an injury or accident shall be followed:
 - a) Notify the 820 officer;
 - b) Notify your immediate supervisor;
 - c) Complete a District Employee Occupational Injury Report Form;
 - d) Furnish all return-to-work documents and/or physician's notes.

5. Packets containing BVFF forms and procedures are available in:
 - a) All District apparatus;
 - b) All District command vehicles;
 - c) Offices of each station.

6. Submitting a false report or falsifying an insurance claim is a serious offense and will be subject to disciplinary action up to and including termination.

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BVFF Accident Report Postcard

ACCIDENT REPORT POSTCARD

Name of Department _____
Name of Injured Member _____
Birthdate _____ Accident Date _____
Nature of injury _____

Time loss from work? No Yes Estimate time loss _____ days
Hospitalized? No Yes How did injury happen? _____

Check box to receive additional cards
Doctor's name _____ Chief's or Sheriff's signature _____
FIR Accident Rpt. Postcard-1

Dear Chief or Sheriff:

In case of injury, immediately complete and mail the attached postcard. This will comply with the 90-day reporting requirement of the Volunteer Fire Fighters' and Reserve Officers' Relief and Pension Act, but a regular accident report (SF 5580) MUST be filed before any claims can be paid. Complete and keep the reverse side of this section

Sincerely,
Board for Volunteer Fire Fighters
and Reserve Officers

COMPLETE AND KEEP THIS SECTION FOR YOUR RECORDS

Name of Injured Member _____
Date of Accident _____
Date Postcard Mailed _____

Return Address

PUT
STAMP
HERE

Board for Volunteer Fire Fighters
P.O. Box 114
Olympia, Washington 98507

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Approved: *Jan J. Rash*

Physician's Introduction Letter

Change Letterhead from Chief Nielsen to Chief Rash



SPOKANE COUNTY
Fire Protection District 8
12100 EAST PALOUSE HIGHWAY
POST OFFICE BOX 345
VALLEYFORD, WASHINGTON 99036
(509) 926-6699 • FAX: (509) 924-8358

COMMISSIONERS
Lee C. Boing
Andrew V. Florie
Charles H. Vyverberg

FIRE CHIEF
Tory C. Nielsen

(Date)

RE: _____
(Patient)
DOB: _____
(Patient's DOB)

Dear Physician/Medical Provider:

Please **DO NOT** report this injury to the Department of Labor & Industries as this will delay payment to you. Our volunteer members are covered by the Board for Volunteer Firefighters and Reserve Officers (established in RCW 41.24), which is the L & I-like state agency that provides coverage for volunteer firefighters and reserve officers hurt in the line of duty.

All billing statements (HCFA forms) and accompanying reports should be sent to:

Local Board Secretary
Spokane County Fire District 8
PO Box 345
Valleyford, WA 99036-0345

Once bills are received, a local board of trustees will meet to approve payment and submit the bills to the State of Washington Board for Volunteer Firefighters and Reserve Officers for payment according to the L & I fee schedule. This process can take up to a month after your bill has been received by our agency.

Any requests for procedure pre-approval should also be made through the above contact. Please be aware that only L & I approved treatments can be allowed and that we will adhere to their guidelines regarding reports and payment.

If you have any questions, please contact SCFD8 at 509-926-6699, or admin@scfd8.org.

Sincerely,

Spokane County Fire District 8
Local Board Secretary

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WASHINGTON VOLUNTEER FIREFIGHTERS' & RESERVE OFFICERS' RELIEF AND PENSION FUND

REPORT OF ACCIDENT

REPORT OF INJURED MEMBER

Name of department _____ Date of Accident _____
Name of injured member _____ Birthdate _____ M F
Address of member _____ Phone # _____
Mailing Address City State Zip code
Regular occupation _____ Social Security Number _____
Single Married Full Name of Spouse _____

Children under 18 supported by you:
Name: _____ Birthdate: _____ Name: _____ Birthdate: _____
Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Activity at the time of the accident:

<input type="checkbox"/> Responding to: <input type="checkbox"/> aid call <input type="checkbox"/> fire <input type="checkbox"/> patrol <input type="checkbox"/> other	<input type="checkbox"/> At scene: <input type="checkbox"/> aid call <input type="checkbox"/> fire <input type="checkbox"/> patrol <input type="checkbox"/> other	<input type="checkbox"/> Returning from: <input type="checkbox"/> aid call <input type="checkbox"/> fire <input type="checkbox"/> patrol <input type="checkbox"/> other	<input type="checkbox"/> Training: <input type="checkbox"/> at academy <input type="checkbox"/> at station <input type="checkbox"/> at live fire <input type="checkbox"/> other	<input type="checkbox"/> Other activity: _____ _____ _____
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Describe the accident in full: _____

I hereby authorize any hospital, physician or other person who has attended me or examined me to furnish to Board for Volunteer Firefighters and Reserve Officers any and all information with respect to any accident or illness, medical history, consultation, prescriptions or treatment, and copies of hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

Witness to accident: _____ SIGN HERE _____ Date: _____
(Injured member sign in ink)

REPORT OF CHIEF OR SHERIFF

Name of chief or sheriff _____ Officer in charge _____

How can such injuries be prevented? _____

Did member lose time from regular work? Yes No Hospitalized? Yes No

Date of accident _____ Time of accident _____ Location of accident _____

Has the injured been registered as required by the Volunteer Firefighters' & Reserve Officers' Relief Act? Yes No

Did the injury occur as a result of a mobilization? Yes No

_____ _____
(Signature of Chief or Sheriff) (Signature of officer in charge)

REPORT OF PHYSICIAN

Date physician called _____ Time physician called _____

Describe in full the extent of injury _____

Is there any pre-existing impairment to the injured area or has patient been treated for the same or similar condition? Yes No

Estimate time loss, if any _____ _____
(Signature of attending physician)

REPORT OF LOCAL BOARD OF TRUSTEES

Date claim filed _____ Date of hearing by local board _____

Date claim granted _____ Date claim rejected _____

_____ _____
(Chair of local board) (Secretary of Local Board)

Please keep a copy of this form for your records and send the original to BVFF, PO Box 114, Olympia, WA 98507.