

ADMINISTRATION: Administrative Operations

Accidents/Medical Emergencies

A. Definition

Medical emergency is any health-related episode that involves students, school employees, student teachers, student interns, volunteers, and visitors that occurs during the school or work day [and requires medical attention or that the individual be sent home or transported to a hospital or other source of emergency care] WHERE THE INDIVIDUAL IS TRANSPORTED TO A HOSPITAL OR IS REFERRED FOR IMMEDIATE MEDICAL CARE.

B. School nurses are responsible for rendering emergency care to all students, school employees, and visitors who need first aid and/or emergency care for health problems that occur on a school-site during the school day.

C. Students

1. A Baltimore County Public Schools Standard Accident Report Form, BEBCO [49-615-8] 49-5369-98, is to be completed after any accident [or medical emergency involving a student if the student is sent home from school following emergency care or seeks medical evaluation or treatment as a result of the accident or medical emergency, or misses more than a half-day of school as a result of the accident or medical emergency] IF THE STUDENT IS SENT HOME FROM SCHOOL FOLLOWING EMERGENCY CARE OR SEEKS MEDICAL EVALUATION OR TREATMENT AS A RESULT OF THE ACCIDENT, OR MISSES MORE THAN A HALF-DAY OF SCHOOL AS A RESULT OF THE ACCIDENT. IF A STUDENT EXPERIENCES A MEDICAL EMERGENCY REQUIRING TRANSPORTATION TO THE HOSPITAL BY EMERGENCY MEDICAL SERVICES/911, A STUDENT ACCIDENT REPORT FORM, BEBCO 49-5369-98, IS TO BE COMPLETED. The accident or medical emergency may occur in the school, on school property or school buses, during a field trip, or other school-sponsored activities.

2. Completion of the Student Accident Form is the responsibility of the [school administrator] PRINCIPAL or HIS/HER designee. The report shall be completed in accordance with procedures outlined in the Critical

Response and School Emergency Safety Management Guide and The Manual of School Health Nursing Practice.

- A copy of the student's accident report shall be filed in the student's health record and maintained according to student records maintenance procedures.
- The white copy of the form is to be used for the initial handwritten report. The canary copy is to be typed, signed, and retained in the student's health record. The pink copy is to be forwarded to the Office of Risk Management within 72 hours of the accident or medical emergency.
- The appropriate [executive director] AREA ASSISTANT SUPERINTENDENT, the Office of Risk Management, and the Office of Health Services shall be notified immediately or within 24 hours if the student or school employee is sent directly to the hospital by ambulance from school.
- All students who are involved in an accident in a Baltimore County Public Schools' owned or leased vehicle and do not meet the criteria for immediate medical attention should be referred to the school nurse by the [administrator] PRINCIPAL or HIS/HER designee to be assessed immediately or on the day the accident occurred or the next school day. The school shall complete the reporting form for vehicle accidents involving students and send it to the Office of Risk Management within 72 hours.

D. Employees, Volunteers, Student Teachers, and Student Interns

1. Workers' Compensation procedures outlined in the Critical Response and School Emergency Safety Management Guide shall be followed for all employees, volunteers, student teachers, and student interns who have received first aid and/or medical intervention for a work-related accident or medical emergency.
2. During school/work hours
 - All accidents/medical emergencies in which the school nurse renders care or is consulted regarding care shall be reported to the [building administrator/designee] PRINCIPAL OR HIS/HER DESIGNEE OR APPROPRIATE OFFICE/SUPERVISORY PERSONNEL by the

school nurse. A First Report Form for Workers' Compensation shall be completed by the designated site-based liaison and faxed to the Workers' Compensation Claims Unit within 24 hours.

- All accidents/medical emergencies which do not involve the school nurse shall be reported to the [building administrator/designee] PRINCIPAL OR HIS/HER DESIGNEE OR APPROPRIATE OFFICE/SUPERVISORY PERSONNEL by the employee, volunteer, or student teachers/intern. A First Report Form for Workers' Compensation shall be completed by the designated site-based liaison and faxed to the Workers' Compensation Claims unit within 24 hours.

3. After school/work hours

- Accidents/medical emergencies shall be reported by the employee, volunteer, or student teacher/intern to the [building administrator/designee] PRINCIPAL OR HIS/HER DESIGNEE OR APPROPRIATE OFFICE/SUPERVISORY PERSONNEL within 24 hours. A First Report Form for Workers' Compensation shall be completed by the designated site-based liaison and faxed to the Workers' Compensation Claims Unit within 24 hours.
- The appropriate [executive director] AREA ASSISTANT SUPERINTENDENT, the Office of Health Services, and the Office of Risk Management shall be notified immediately or within 24 hours by the school nurse if the employee, volunteer, or student teacher/intern is sent directly to the hospital from school by ambulance.

E. Visitors

1 During school/work hours

- All accidents/medical emergencies in which the school nurse renders care or is consulted regarding care shall be reported to the [building administrator/designee] PRINCIPAL OR HIS/HER DESIGNEE OR APPROPRIATE OFFICE/SUPERVISORY PERSONNEL by the school nurse. All information shall be recorded on the Bodily Injury Report Form for Visitors/General Public. The completed form shall be mailed or faxed as soon as possible or no later than 24 hours to the Office of Risk Management. Visitors shall be given the telephone number of the Office of Risk Management by the [building administrator] PRINCIPAL or HIS/HER OR APPROPRIATE

OFFICE/SUPERVISORY PERSONNEL designee for any follow-up concerns.

- ALL ACCIDENTS/MEDICAL EMERGENCIES WHICH DO NOT INVOLVE THE SCHOOL NURSE SHALL BE REPORTED TO THE PRINCIPAL OR HIS/HER DESIGNEE OR APPROPRIATE OFFICE/SUPERVISORY PERSONNEL BY THE VISITOR OR BOARD OF EDUCATION EMPLOYEE PRESENT AT THE EMERGENCY. INFORMATION SHALL BE RECORDED ON THE BODILY INJURY REPORT FORM FOR VISITORS/GENERAL PUBLIC. THE COMPLETED FORM SHALL BE MAILED OR FAXED AS SOON AS POSSIBLE BUT NO LATER THAN 24 HOURS TO THE OFFICE OF RISK MANAGEMENT.
- The appropriate [executive director] AREA ASSISTANT SUPERINTENDENT, the Office of Health Services, and the Office of Risk Management shall be notified immediately or within 24 hours by the school nurse if the visitor is sent directly to the hospital from school by ambulance and by the building administrator/designee if the visitor is sent directly to the hospital from an office site by ambulance.

2. After school/work hours

- Accidents/medical emergencies shall be reported by the visitor or Board of Education employee who is present to the Office of Security. The Office of Security will then report all accidents to the building administrator OR PRINCIPAL or HIS/HER OR APPROPRIATE OFFICE/SUPERVISORY PERSONNEL designee within 24 hours of the accident. The Office of Security shall record all information on the Bodily Injury Report Form for Visitors/General Public and mail or fax within 24 hours to the Office of Risk Management. Visitors shall be given the telephone number of the Office of Risk Management by the Office of Security for any follow-up concerns.
- The appropriate [executive director] AREA ASSISTANT SUPERINTENDENT, the Office of Health Services, and the Office of Risk Management shall be notified by the building administrator/designee within 24 hours if the visitor is sent directly to the hospital from school or an office site by ambulance.

F. Vehicular Accidents

All vehicular accidents which occur with Board owned or leased vehicles shall be reported immediately to the Office of Transportation.

Rule
Adopted: 8/14/75
Revised: 4/9/81
Revised: 11/9/99
Revised: 3/25/03
REVISED:

Superintendent of Schools



BODILY INJURY REPORT FORM for VISITORS/GENERAL PUBLIC

**REPORT ALL ACCIDENTS
BY PHONE OR FAX
WITHIN 24 HOURS TO:**
DURING WORK HOURS: 410-887-4133
FAX: 410-887-8247
AFTER WORK HOURS: 410-887-4163

THIS FORM MUST BE COMPLETED BY BUILDING ADMINISTRATOR OR DESIGNEE

Date of accident:	Time of accident:	School/Facility/Site:
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Location at site where injury occurred:		
Name of reporting person:	Phone:	Alternate phone:
Involvement by other outside agencies:		
<input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> None <input type="checkbox"/> Other, describe:		Was an ambulance called? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of outside agency contacts (if applicable):		

Name of person(s) injured (if more than one person injured, use attached sheet to obtain information):		
	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	Phone:	Alternate phone:
If the injured person is a minor, indicate parent/guardian name:		

Reason for injured being present at site:
Nature and extent of injuries:

Statement from injured:

Action taken:
Name and address of physician or hospital involved:

Description of accident (Provide a detailed account of the accident):

Witness #1 name:	Witness #2 name:
Witness #1 address:	Witness #2 address:
Witness #1 phone:	Witness #2 phone:
Witness #1 relationship to injured:	Witness #2 relationship to injured:

Reporting person's signature _____ Name printed _____ Date submit _____

Return or fax this form to:
RISK MANAGER
Office of Risk Management and Employee Benefits
 Timonium Office
 Fax: 410-887-8247
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FIRST REPORT FORM FOR WORKERS' COMPENSATION

BALTIMORE COUNTY PUBLIC SCHOOLS

1. Call or fax the following information to the Baltimore County Claims Management Unit: phone(410-887-8400) fax(410-887-8426).
2. Maintain a copy for your records.

EMPLOYEE

Name: _____ SSN#: _____

Address: _____

Home Phone #: _____

DOB: _____ Sex: M F Marital Status: _____

Job Title: _____ Full-Time: _____ Part-Time: _____

Work Phone #: _____ Date Hired (M/Y): _____

Supervisor's Name: _____

School/Office/Site Location: _____

Date of Injury: _____

Time Injury Occurred: _____ AM/PM

Type of Injury: _____

Part of Body Injured: _____

Describe How Injury Occurred: _____

Where did injury occur (e.g., classroom, parking lot, hallway, etc.)? _____

Date Employer Notified: _____

POTENTIAL LOST TIME

Name of Witness(es): _____ Phone #: _____

Phone #: _____

Name and Address of Physician/Health Care Provider/Medical Center: _____

PERSON COMPLETING THIS FORM: _____

If employee does not seek medical attention _____
at this time, please have employee sign: _____ Employee's Signature

BALTIMORE COUNTY PUBLIC SCHOOLS STANDARD STUDENT ACCIDENT REPORT FORM

1. Name: _____ Home Address: _____
 2. School: _____ Sex: M F Age: _____ Grade or classification: _____
 3. Time accident occurred: Hour _____ A.M. _____ P.M. Date: _____ Date Accident Reported: _____
 4. Place of Accident: School Building _____ School Grounds _____ To or from School _____ School sponsored activity _____

5. NATURE OF INJURY

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Fracture |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Laceration |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Puncture |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Scratches |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Cut | |
- Other (specify) _____

DESCRIPTION OF THE ACCIDENT

How did accident happen? What was student doing? Where was student? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved. _____

TEACHER'S STATEMENT:

PART OF BODY INJURED

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Hand |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Head |
| <input type="checkbox"/> Back | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Leg |
| <input type="checkbox"/> Eye | <input type="checkbox"/> Nose |
| <input type="checkbox"/> Face | <input type="checkbox"/> Scalp |
| <input type="checkbox"/> Finger | <input type="checkbox"/> Tooth |
| <input type="checkbox"/> Foot | <input type="checkbox"/> Wrist |
- Other _____

INJURED PERSON'S STATEMENT

SCHOOL PROPERTY DAMAGE No: Yes:

6. Teacher in charge when accident occurred (Enter name): _____
 Present at scene of accident: No: Yes:

7. ACTION TAKEN

- | | | |
|----------------------|--------------------------|-------------------------|
| First-aid treatment | <input type="checkbox"/> | By (Name): _____ |
| Sent to school nurse | <input type="checkbox"/> | By (Name): _____ |
| Sent home | <input type="checkbox"/> | By (Name): _____ |
| Sent to physician | <input type="checkbox"/> | By (Name): _____ |
| | | Physician's Name: _____ |
| Sent to hospital | <input type="checkbox"/> | By (Name): _____ |
| | | Name of hospital: _____ |

8. Was a parent or other individual notified? No: Yes: When: _____ How: _____
 Name of individual notified: _____
 By whom? (Enter name): _____

9. LOCATION - Mark the appropriate block and use the blank provided to specify activity.

- | | | | | | |
|----------------|--------------------------|-------|----------------|--------------------------|-------|
| Athletic field | <input type="checkbox"/> | _____ | Laboratories | <input type="checkbox"/> | _____ |
| Auditorium | <input type="checkbox"/> | _____ | School Grounds | <input type="checkbox"/> | _____ |
| Classroom | <input type="checkbox"/> | _____ | Shop | <input type="checkbox"/> | _____ |
| Corridor | <input type="checkbox"/> | _____ | Showers | <input type="checkbox"/> | _____ |
| Dressing Room | <input type="checkbox"/> | _____ | Restroom | <input type="checkbox"/> | _____ |
| Gymnasium | <input type="checkbox"/> | _____ | Stairs | <input type="checkbox"/> | _____ |
| Home Economics | <input type="checkbox"/> | _____ | Other | <input type="checkbox"/> | _____ |

10. **BUS** If this accident happened on a bus—complete the following: Bus No. _____ Bus Driver _____ Location No. _____

Signed: Principal: _____ Teacher: _____

COPY DISTRIBUTION

1. Use WHITE copy for teacher's initial handwritten report.
2. Use YELLOW copy to type a report for the Student Health Folder.
3. Send the PINK copy to RISK MANAGEMENT, TIMONIUM OFFICE.

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