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

- 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
• 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.
# BODILY INJURY REPORT FORM

**for VISITORS/GENERAL PUBLIC**

**THIS FORM MUST BE COMPLETED BY BUILDING ADMINISTRATOR OR DESIGNEE**

<table>
<thead>
<tr>
<th>Date of accident:</th>
<th>Time of accident:</th>
<th>School/Facility/Site:</th>
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<tbody>
<tr>
<td></td>
<td>AM/PM</td>
<td></td>
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**Location at site where injury occurred:**

**Name of reporting person:**

**Phone:**

**Alternate phone:**

**Involvement by other outside agencies:**

- Police
- Fire
- None
- Other, describe:

**Was an ambulance called?**

- Yes
- 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:**

- Sec.
- M
- 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:**

(Complete page two)

Page 5
<table>
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<tr>
<th>Action taken:</th>
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<tr>
<th>Name and address of physician or hospital involved:</th>
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<tr>
<th>Description of accident (Provide a detailed account of the accident):</th>
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<tr>
<th>Witness #1 name:</th>
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<th>Witness #1 address:</th>
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<th>Witness #1 phone:</th>
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<th>Witness #1 relationship to injured:</th>
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<th>Witness #2 name:</th>
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<th>Witness #2 relationship to injured:</th>
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<th>Reporting person's signature</th>
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<tr>
<th>Name printed</th>
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<th>Date submit</th>
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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

SKS 1/08/02 Rule 2352-Form B
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
   - Abrasion ☐ Amputation ☐ Fracture ☐ Laceration ☐ Bruise ☐ Puncture ☐ Burn ☐ Scratches ☐ Concussion ☐ Sprain ☐ 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
   - Ankle ☐ Arm ☐ Hand ☐ Head ☐ Back ☐ Knee ☐ Elbow ☐ Leg ☐ Eye ☐ Nose ☐ Face ☐ Scalp ☐ Finger ☐ Tooth ☐ Foot ☐ 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 ☐ By (Name): ___________________________
   - Sent to school nurse ☐ By (Name): ___________________________
   - Sent home ☐ By (Name): ___________________________
   - Sent to physician ☐ By (Name): ___________________________
     - Physician’s Name: ___________________________
     - Name of hospital: ___________________________
   - Sent to hospital ☐ By (Name): ___________________________

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 ☐ Laboratories ☐ School Grounds ☐ Shop ☐
   - Auditorium ☐ Corridor ☐ Showers ☐
   - Classroom ☐ Dressing Room ☐ Restroom ☐
   - Gymnasium ☐ Home Economics ☐ Stairs ☐ Other ☐

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

    Signed: Principal: ___________________________ Teacher: ___________________________ (3NCR)

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.

BEBCO 49-5369-98